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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
(Our Case No. 14978US01)

In The Application Of:

T. Knowles

Serial No.: 10/611,583

Filed: July 1, 2003

Examiner: T. Dougherty

Group Art Unit: 2834

For: TORSIONAL ACOUSTIC WAVE
SENSOR

CERTIFICATE OF MAILING

I hereby certify that this correspondence is
being deposited with the United States Postal
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Box 1450, Alexandria, VA 22313-1450 on

April 21, 2005

By: _____
Jean D. Kuelper

Reg. No.: _____
30,171

REQUEST FOR EXTENSION OF TIME

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicant requests a three-month extension of time to respond to the Office Action dated January 3, 2005 to extend the time for response from February 3, 2005 to May 3, 2005. The \$510.00 fee for the three month extension of time should be charged to the Deposit Account of McAndrews, Held & Malloy, Ltd. Account No. 13-0017.

Please charge any additional fees or overpayments to Deposit Account No. 13-0017.

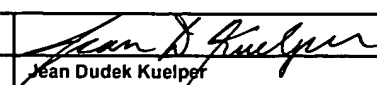
Respectfully submitted,

Dated: _____
April 21, 2005

By _____
Jean D. Kuelper
Jean Dudek Kuelper
Reg. No. 30,171

McAndrews, Held & Malloy, Ltd.
500 West Madison Street, 34th Floor
Chicago, Illinois 60661
(312) 775-8000

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|-----------------------------------|----------------------------------|------------------|-----------------------|---------------------|---------------------|-----------------|----------------------|----------------------------------|------------|----------------------|-----------------|---------|---------|-------|-------|-------|-------|--|--|--|--|--|--|--|----------------------|---------------------|-----------------|----------------------|--|--|--|----------------|---------|---------|-------|--|--|--|---|--|--|--|--|--|--|
| Effective on 12/08/2004. Fees pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818). | | Complete if Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE TRANSMITTAL for FY 2005 APR 25 2005 | | Application Number | 10/611/583 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Filing Date | July 1, 2003 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | First Named Inventor | T. Knowles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Examiner Name | T. Dougherty | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Art Unit | 2834 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Attorney Docket No. | 14978US01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 510.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>13-0017</u> Deposit Account Name: <u>McAndrews Held & Malloy</u> For the above-identified deposit account, the Director is hereby authorized to (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application Type | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fees Paid (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | Small Entity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | Fee (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent | | | | | | | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | | | | | | | 200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple dependent claims | | | | | | | 360 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 20%;">Total Claims</td> <td style="width: 20%;">Extra Claims</td> <td style="width: 10%;">Fee (\$)</td> <td style="width: 10%;">Fee Paid (\$)</td> <td style="width: 20%;">Multiple Dependent Claims</td> <td style="width: 10%;">Fee</td> <td style="width: 10%;">Fee Paid (\$)</td> </tr> <tr> <td>_____ -20 or HP</td> <td>_____ x</td> <td>_____ =</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="7"> HP = highest number of total claims paid for, if greater than 20 </td> </tr> <tr> <td>Indep. Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td colspan="3"></td> </tr> <tr> <td>_____ -3 or HP</td> <td>_____ x</td> <td>_____ =</td> <td>_____</td> <td colspan="3"></td> </tr> <tr> <td colspan="7"> HP = highest number of independent claims paid for, if greater than 3 </td> </tr> </table> | | | | | | | Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee | Fee Paid (\$) | _____ -20 or HP | _____ x | _____ = | _____ | _____ | _____ | _____ | HP = highest number of total claims paid for, if greater than 20 | | | | | | | Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | | _____ -3 or HP | _____ x | _____ = | _____ | | | | HP = highest number of independent claims paid for, if greater than 3 | | | | | | |
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee | Fee Paid (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ -20 or HP | _____ x | _____ = | _____ | _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HP = highest number of total claims paid for, if greater than 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ -3 or HP | _____ x | _____ = | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HP = highest number of independent claims paid for, if greater than 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. EXCESS CLAIM FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ -100 | _____ /50 | _____ (round up to a whole number) x | _____ = | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. OTHER FEE(S) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other: <u>Request for Extension of Time (3 Months)</u> | | | | | | | 510.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBMITTED BY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature |  | | Registration No. (Attorney/Agent) | 30,171 | Telephone | (312)775-8000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (print/type) | Jean Dudek Kuelper | | | | Date | April 21, 2005 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |